

Hartford Police Department Citizens Academy



September 23rd to December 16, 2004
Thursday nights 6:00-9:00 p.m.

Applications must be received by Friday August 13th

Name: _____ Date of Birth: _____

Address: _____ Telephone #: _____

Town: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____ Telephone #: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

If you do not live in Hartford, please provide business name and complete address:

Yes!!! Please consider me for the Hartford Police Citizens Academy.

Signature

Please mail or fax this signed form to:

Hartford Police Department
Attn: Police Academy
Sgt. Boisvert or Ofc. Eisele
50 Jennings Rd.
Hartford, CT. 06120
Fax 722-6107